

Check A Box  
Patent Specialist

# **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET** (FOR USE WITH FORM 2-875)

SERIAL N .	FILING DATE
APPLICANT(S)	

## **CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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10		10				
11	1		1			
12	1		1			
13		2				
14		2				
15		1				
16		2				
17		2				
18		2				
19		2				
20		3				
21		3				
22		3				
23		3				
24		3				
25		3				
26	1		1			
27		1				
28						
29	1					
30	1					
31		2				
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41		2				
42		2				
43		2				
44	1		1			
45						
46	1		1			
47		3				
48		3				
49		3				
50		3				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						